

Cedar Funding Investor Information

The following is a list of questions the investor is required to answer, and documents they will need to provide.

- Please provide full and complete contact information, including business address and phone number, cell phone number and email address, if available.
- Please provide a **written detailed statement** in answer to the following questions:
 1. What was the date that your business relationship began with Cedar Funding?
 2. Who did you conduct your business with at Cedar Funding?
 3. Was this individual an employee with Cedar Funding or an affiliate of Cedar Funding?
 4. Where and when did your transactions occur?
 5. What was the nature of your business with Cedar Funding (loan, investments, borrower, etc)?
 6. How was it represented to you as to how your investment monies would be used (mortgage fund / pool, or fractional interest in deeds of trusts, etc?)
 7. Were you ever told in person or in writing that their monies would be used to fund any businesses owned in either full or in part by David Nilsen?
 8. If you had known, would you have agreed?
 9. Was a return rate on your investment ever quoted?
 10. Was a return rate on your investment ever guaranteed?
 11. If so, what was the rate of return quoted?
 12. Who made the quote?
 13. When did you first become suspicious that something might be wrong?
 14. Why did you become suspicious?

15. Provide timeline on any contacts you have had, and with whom?
16. What steps have you taken to try to resolve the issue?
17. With whom did you try to resolve their issue(s)?
18. If you knew then, what you now know as far as how your investment was going to be used, would you have invested with Cedar Funding?
19. Are you over the age of 65 years? If so, please write Month / Year
20. Do you have any disabilities? (Optional)

Please attach copies of the following documents to your prepared statement. If you do not have copies of the requested documents, please provide in your statement an explanation as to why you do not have these documents.

- Copy of original membership packet to include lending circular
- Copies of any disclosure statements they signed or were given
- Copies of statements they have received from Cedar Funding, including online statements
- Copies of any Promissory Notes or Deeds of Trust they were given
- Copies of appraisal reports or letters from realtors with a property profile that represents the value of a property
- Copies of check they gave Cedar Funding
- Copies of checks they have received from Cedar Funding

The following is a list of companies that are associated with the owner of Cedar Funding, David Nilsen. If you documents are not in the name of Cedar Funding, but are in any of these names, follow all the steps listed above.

- Belavida Court, Inc.
- Cedar Funding, Inc.
- La Cobre Mina Owners Association
- Accustom Development, LLC
- Cedar Funding Mortgage Fund, LLC
- Black Creek Ranch, LLC
- River Grove Park, LLC
- Resort Management Group, LLC

Forward completed packets to:

DA Investigator Heather Hardee
C/o Office of the Monterey County District Attorney
1200 Aguajito Road, Room 301
Monterey, California 93940
(831) 647-7725

MONTEREY COUNTY DISTRICT ATTORNEY

Consumer Protection Division

1200 Aguajito Road, Room 301
Monterey CA 93940
(831) 647-7770
(831) 647-7762 FAX#

Date Received: _____
Referred To: _____
Consumer Fraud #: _____

Consumer Complaint Form

Please complete this form in order to lodge a complaint about a merchant or business transaction. The purpose of the form is to help the District Attorney evaluate the business for possible prosecution. If this occurs, the business might be assessed civil penalties, which would be paid to the County of Monterey.

To complete the form, be sure to attach photocopies of any ads, contracts, receipts or other documents. Do not send originals. A copy of this complaint and exhibits may be sent to the business complained about, as well as to appropriate regulatory agencies. You must include your address and telephone number and sign and date the form before we can act upon it. If we need to meet with you, we will call you to make an appointment.

Although we may make efforts to do so, this office cannot be responsible for the recovery of your money or the protection of your personal rights. We are not representing you individually, and it is not our function to determine what your personal rights or claims might be. For that you must consult your own attorney or proceed in Small Claims Court.

Company or individual you want to complain about:

Name: _____ Salesperson: _____
Address: _____ Phone: _____
City: _____ Zip Code: _____

Other persons at the company you have complained to: _____

Other agencies you have complained to: _____

Did you file in Small Claims Court? _____ What was the result? _____

Indicate the name of your attorney, if you have one: _____

If you lost money or other property, please indicate value: _____

Check applicable box(es):

- | | | |
|---|---|---|
| <input type="checkbox"/> For our information only | <input type="checkbox"/> False ad or representation | <input type="checkbox"/> Auto repair case |
| <input type="checkbox"/> Written contract | <input type="checkbox"/> Defective merchandise | <input type="checkbox"/> Auto sales case |
| <input type="checkbox"/> Verbal contract | <input type="checkbox"/> Door-to-door | <input type="checkbox"/> Home improvement |
| <input type="checkbox"/> Non-delivery of product | <input type="checkbox"/> Mail order sale | <input type="checkbox"/> Other: _____ |

On another side of this sheet, please explain fully and completely what happened to you. Keep the story in the same order in which it occurred. If you do not know actual dates, please give us approximations. Indicate names and job titles of the persons mentioned, and include any witnesses who may be of assistance in establishing these facts.

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City: _____ Zip Code: _____
Signature: _____ Date: _____

